

AGREEMENT AND RELEASE

FIRE SCIENCE DEPARTMENT STARK STATE COLLEGE OF TECHNOLOGY

The undersigned hereby applies to participate in Training or Testing at **THE STARK STATE COLLEGE FIRE TRAINING FACILITY** in North Canton, Ohio. In consideration of allowing the undersigned to participate in training or testing and use of facilities, I agree as follows:

1. To abide by all of the College's Rules and Regulations which may be in effect during the course of this training, testing, or any other procedure which relate to the control of my actions and conduct while on the College campus, including the Fire Training Facility Rules and Procedures attached hereto.
2. I hereby acknowledge the risks and hazards which may arise through participation in training, testing, or any other procedure and that these activities involve serious risks, including risk of loss of life and/or limb and/or property.
3. I hereby acknowledge that my participation in said training, testing, or any other procedures is at the sufferance of the College and I acknowledge that such participation may be revoked at any time, either orally or in writing, by any authorized College personnel. In the event of such revocation, I shall immediately comply and shall thereafter have no rights or recourse against **STARK STATE COLLEGE OF TECHNOLOGY**, its agents or employees as a result of that decision or any other matter whatsoever.
4. I hereby agree to hold **STARK STATE COLLEGE OF TECHNOLOGY**, its agents, employees, and Trustees harmless and to release them from any and all claims which might inure to the benefit to myself, my heirs or assigns during the course of said training, testing or other procedures; whether arising out of any action or inaction, either intentional or negligence on the part of myself, **STARK STATE COLLEGE OF TECHNOLOGY**, its agents, employees, and Trustees. I agree that the Release shall be binding upon any of my heirs, administrators, executors, and assigns.
5. I agree to maintain or cause to be maintained a health and accident policy of insurance ensuring that any medical and other claims resulting from my participation in Training or Testing, etc shall be covered. I agree to provide the College with proof of such insurance upon the request of the College.
6. By signing this Agreement, I hereby certify that I have read this Agreement and Release, the Rules and Procedures attached thereto, and agree to abide by the conditions contained in them.

PRINT NAME

SIGNATURE

DATE

SOCIAL SECURITY NUMBER